

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

American Academy of Family Physicians Political Action Committee

ADDRESS (number and street) ▼

1133 Connecticut Avenue, NW

Suite 1100

☐ Check if different than previously reported. (ACC)

Washington

DC

20036

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00411553

3. IS THIS REPORT ☐ NEW (N) OR ☒ AMENDED (A)

**4. TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)

(b) Monthly Report Due On: ☒ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11) (Non-Election Year Only)  
☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12) (Non-Election Year Only)  
☐ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

(c) 12-Day ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)  
**PRE-Election** Report for the: ☐ Convention (12C) ☐ Special (12S)

Election on M M M / D D D / Y Y Y Y Y Y in the State of

(d) 30-Day ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)  
**POST-Election** Report for the:

Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period M M M / D D D / Y Y Y Y Y Y through M M M / D D D / Y Y Y Y Y Y

01

01

2014

through

01

31

2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Hugh M Taylor MD

Signature of Treasurer Hugh M Taylor MD

[Electronically Filed]

Date

07

14

2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y 01 / 01 / 2014 To: M M / D D / Y Y Y Y Y 01 / 31 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</span> 2014		<span style="border: 1px solid black; padding: 2px;">408793.60</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">408793.60</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">71836.56</span>	<span style="border: 1px solid black; padding: 2px;">71836.56</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">480630.16</span>	<span style="border: 1px solid black; padding: 2px;">480630.16</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">35543.65</span>	<span style="border: 1px solid black; padding: 2px;">35543.65</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">445086.51</span>	<span style="border: 1px solid black; padding: 2px;">445086.51</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE

## of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y  
 01 / 01 / 2014

To:

 M M / D D / Y Y Y Y Y  
 01 / 31 / 2014
**I. Receipts**
**COLUMN A**  
**Total This Period**
**COLUMN B**  
**Calendar Year-to-Date**

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

46606.66

46606.66

(ii) Unitemized .....

24705.75

24705.75

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

71312.41

71312.41

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ..... ▶

71312.41

71312.41

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

524.15

524.15

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

71836.56

71836.56

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ..... ▶

71836.56

71836.56

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	543.65	543.65
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	543.65	543.65
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	35000.00	35000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	35543.65	35543.65
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	35543.65	35543.65

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	71312.41	71312.41
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	71312.41	71312.41
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	543.65	543.65
37. Offsets to Operating Expenditures (from Line 15, page 3).....	524.15	524.15
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	19.50	19.50

: 97 'A-G79 @G B9CI G'H9LH'F9 @H98 'HC'5 'F9DCFHŽG7 <98I @ 'CF' +H9A-N5HCB  
.

Form/Schedule: F3XA

Transaction ID :

Amended February 20 2014 report - amended to capture changes reported in second amendment to August 20 2013  
report

Form/Schedule:

Transaction ID:

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Stephen Carl Albrecht MD**

Mailing Address 5909 Swayne Dr NE

City  
Olympia

State  
WA

Zip Code  
98516-9547

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Capital Physicians LLC

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 27 / 2014

Transaction ID : C2622704

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Kurt Bradley Angstman MD**

Mailing Address 1697 Century Valley Rd NE

City

Rochester

State

MN

Zip Code

55906-7708

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mayo Clinic

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

01 / 02 / 2014

Transaction ID : C2522658

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**c. Lindsay Kathryn Botsford MD**

Mailing Address 2506 Hazard St

City

Houston

State

TX

Zip Code

77019-6756

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Memorial Herman Hospital System

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

01 / 15 / 2014

Transaction ID : C2527443

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1165.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 38  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Robert C M Bourne MD**

Mailing Address 1538 Dwight St

City State Zip Code  
 Redlands CA 92373-7013

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 01 / 02 / 2014

**Transaction ID : C2522811**

Amount of Each Receipt this Period

370.00

Full Name (Last, First, Middle Initial)

**B. Ellen Sandra Brull MD**

Mailing Address 830 Arbor Ln

City State Zip Code  
 Glenview IL 60025-3234

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 01 / 29 / 2014

**Transaction ID : C2632194**

Amount of Each Receipt this Period

3000.00

Full Name (Last, First, Middle Initial)

**C. Paul Eric Buehrens MD**

Mailing Address 12710 Totem Lake Blvd NE

City State Zip Code  
 Kirkland WA 98034-2907

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 01 / 02 / 2014

**Transaction ID : C2522812**

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3670.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Domenic Wm Casablanca MD**

Mailing Address 4 Corporate Dr  
Ste 195

City State Zip Code  
Shelton CT 06484-6240

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 29 / 2014

**Transaction ID : C2632569**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B. Judith Chamberlain MD**

Mailing Address 10 Sea Grass Farm Rd

City State Zip Code  
Brunswick ME 04011-7841

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Aetna

Medical Director, Medicaid Business Un

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 15 / 2014

**Transaction ID : C2527405**

Amount of Each Receipt this Period

3000.00

Full Name (Last, First, Middle Initial)

**c. Charles E Christianson MD**

Mailing Address 3701 15th Ave S

City State Zip Code  
Grand Forks ND 58203-2817

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

University of North Dakota

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 15 / 2014

**Transaction ID : C2527471**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3865.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Cecilia Ann Collins MD**

Mailing Address 383 N Roscoe Blvd

City

Ponte Vedra Beach

State

FL

Zip Code

32082-2145

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

01 / 06 / 2014

Transaction ID : C2524126

Amount of Each Receipt this Period

520.00

Full Name (Last, First, Middle Initial)

**B. Mark E Collins MD**

Mailing Address 354 N Maple Ave

City

Wood Dale

State

IL

Zip Code

60191-1539

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

01 / 15 / 2014

Transaction ID : C2534180

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**C. Thomas Allen Cornwell MD**

Mailing Address 2315 S Circle Dr

City

Palatine

State

IL

Zip Code

60067-7747

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cadence Health

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 09 / 2014

Transaction ID : C2526270

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1135.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Steven A Crawford MD**

Mailing Address 900 NE 10th St

City

Oklahoma City

State

OK

Zip Code

73104-5420

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Oklahoma

Occupation

Physician Faculty

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.66

Date of Receipt

01 / 23 / 2014

Transaction ID : C2534101

Amount of Each Receipt this Period

416.66

Full Name (Last, First, Middle Initial)

**B. R Wesley Dean Jr**

Mailing Address 201 E Emory Rd

City

Powell

State

TN

Zip Code

37849-4016

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Summit Medical Group, PLLC

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

01 / 20 / 2014

Transaction ID : C2534462

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**C. Jason B Dees MD**

Mailing Address 620 W Longview Dr

City

New Albany

State

MS

Zip Code

38652-2415

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Magnolia Health Plan

Occupation

Chief Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

01 / 02 / 2014

Transaction ID : C2522663

Amount of Each Receipt this Period

1500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2281.66

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Daniel J Derksen MD**

Mailing Address 9920 N Desert Sky Pl

City

Oro Valley

State

AZ

Zip Code

85737-6842

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 15 / 2014

**Transaction ID : C2527486**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Carlos Alberto Ermocilla MD**

Mailing Address 7083 April Wind Ave

City

Las Vegas

State

NV

Zip Code

89131-0134

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 06 / 2014

**Transaction ID : C2524117**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Raja S Fattaleh**

Mailing Address PO BOX 333

City

Putnam

State

CT

Zip Code

06260-0333

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Priorty Family Healthcare

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

01 / 20 / 2014

**Transaction ID : C2534488**

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1615.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Wanda D Filer MD**

Mailing Address 510 Aqua Ct

City State Zip Code  
 York PA 17403-3623

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Strategic Health Institute

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 01 / 30 / 2014

**Transaction ID : C2636866**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

## **B. Seth Yawki Flagg MD**

Mailing Address 9129 Bradford Rd

City State Zip Code  
 Silver Spring MD 20901-4917

FEC ID number of contributing  
federal political committee.

C

Name of Employer

USN

Occupation

Physcain

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 01 / 23 / 2014

**Transaction ID : C2534492**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **c. J H Gardner MD**

Mailing Address PO Box 518

City State Zip Code  
 Buffalo IA 52728-0518

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 01 / 02 / 2014

**Transaction ID : C2522815**

Amount of Each Receipt this Period

400.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. David J Gavareski MD**

Mailing Address 1505 Lakeway Pl

City

Bellingham

State

WA

Zip Code

98229-5133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 02 / 2014

**Transaction ID : C2522667**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Daron W Gersch MD**

Mailing Address 310 Golfview Dr

City

Albany

State

MN

Zip Code

56307-9315

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

01 / 30 / 2014

**Transaction ID : C2632671**

Amount of Each Receipt this Period

370.00

Full Name (Last, First, Middle Initial)

**C. Gina Greco-Tartaglia MD**

Mailing Address 1335 Sunny Ridge Rd

City

Mohegan Lake

State

NY

Zip Code

10547-1432

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 06 / 2014

**Transaction ID : C2524125**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1120.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Jeffrey Scott Grove MD**

Mailing Address 11 Baymont St  
Apt 1002

City State Zip Code  
Clearwater FL 33767-1720

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 06 / 2014

**Transaction ID : C2524123**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Lori J Heim MD**

Mailing Address 250 Hollybrook Farm Ln

City State Zip Code  
Vass NC 28394-8952

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 29 / 2014

**Transaction ID : C2632568**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**c. Douglas E Henley MD**

Mailing Address 11400 Tomahawk Creek Pkwy

City State Zip Code  
Leawood KS 66211-2680

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

American Academy of Family Physicians

Family Physician/CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 01 / 2014

**Transaction ID : C2521871**

Amount of Each Receipt this Period

2500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

4000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Ernesto Herfter Herfter-Bueno MD**

Mailing Address 7315 Golden Glow Way NE

City State Zip Code  
Albuquerque NM 87113-1329

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY  
01 / 02 / 2014

**Transaction ID : C2522807**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. Richard W Honke MD**

Mailing Address 401 W Glynn Dr

City State Zip Code  
Parkston SD 57366-9605

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Avera St Benedict CRHC

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

MM / DD / YYYY  
01 / 15 / 2014

**Transaction ID : C2527434**

Amount of Each Receipt this Period

370.00

Full Name (Last, First, Middle Initial)

**C. Richard H Jones MD**

Mailing Address 106 W Howell Ave

City State Zip Code  
Alexandria VA 22301-1508

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

US Government

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY  
01 / 02 / 2014

**Transaction ID : C2522670**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1670.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Samuel M Jones MD**

Mailing Address 10145 Community Ln

City State Zip Code  
 Fairfax Station VA 22039-2530

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
VCU-Fairfax Family Practice Center

Occupation  
Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

01 / 15 / 2014

**Transaction ID : C2527426**

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

**B. Vincent D Keenan CAE**

Mailing Address Exec Vice President - IL AFP  
 4756 Main St

City State Zip Code  
 Lisle IL 60532-1724

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Illinois Academy of Family Physicians

Occupation  
Association Exec.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 29 / 2014

**Transaction ID : C2622709**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Rick Kellerman Md Kellerman MD**

Mailing Address 521 N Armour St

City State Zip Code  
 Wichita KS 67206-1513

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 29 / 2014

**Transaction ID : C2632498**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1900.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Stanley M Kozakowski MD**

Mailing Address 13213 Reeder St

City

Overland Park

State

KS

Zip Code

66213-3657

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Academy of Family Physicians

Occupation

Medical Education Administration

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

01 / 27 / 2014

**Transaction ID : C2616578**

Amount of Each Receipt this Period

370.00

Full Name (Last, First, Middle Initial)

**B. Kevin K Kurohara MD**

Mailing Address 75 Puuhonu Pl  
Ste 205

City

Hilo

State

HI

Zip Code

96720-2000

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 15 / 2014

**Transaction ID : C2527438**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Paul Alan Lazar MD**

Mailing Address G3230 Beecher Rd  
Ste 1

City

Flint

State

MI

Zip Code

48532-3604

FEC ID number of contributing  
federal political committee.

C

Name of Employer

McLaren

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

01 / 15 / 2014

**Transaction ID : C2527477**

Amount of Each Receipt this Period

370.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1240.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Colleen C Lyons MD**

Mailing Address 2874 N Carson St Ste 127

City State Zip Code  
 Carson City NV 89706-1681

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Family Medicine Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

01 / 15 / 2014

**Transaction ID : C2527393**

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

## **B. Michael L Madden MD**

Mailing Address 4907 Windermere Blvd

City State Zip Code  
 Alexandria LA 71303-2459

FEC ID number of contributing  
federal political committee.

C

Name of Employer

L.S. U. HSC

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

01 / 15 / 2014

**Transaction ID : C2527461**

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

## **C. Sarah Tully Marks MD**

Mailing Address 3809 N Morris Blvd

City State Zip Code  
 Shorewood WI 53211-2219

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Kansas; School of Medici

Occupation

Assistant Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

01 / 15 / 2014

**Transaction ID : C2527421**

Amount of Each Receipt this Period

370.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1520.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Pamela H McDonald MD**

Mailing Address 6056 44th Ave NE

City  
Seattle

State  
WA

Zip Code  
98115-7514

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

01 / 15 / 2014

Transaction ID : C2527474

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. Kevin P Mikus Mikus**

Mailing Address 332 Sam Newell Rd Ste 2000  
CMC-Matthews Medical Plaza

City

Matthews

State

NC

Zip Code

28105

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 04 / 2014

Transaction ID : C2523036

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Cynthia Morris MD**

Mailing Address 182 Yulupa Cir

City

Santa Rosa

State

CA

Zip Code

95405-5136

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

01 / 15 / 2014

Transaction ID : C2527404

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1600.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. James Mumford MD**

Mailing Address 16 E 16th St

City

New York

State

NY

Zip Code

10003-3105

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

01 / 15 / 2014

**Transaction ID : C2534209**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B. Michael Lawrence Munger MD**

Mailing Address 10522 Ballentine St

City

Overland Park

State

KS

Zip Code

66214-3047

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. Lukes Medical Group

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 15 / 2014

**Transaction ID : C2527482**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. R W Nicholson MD**

Mailing Address 801 Cobblestone Dr

City

Evansville

State

IN

Zip Code

47715-4288

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 02 / 2014

**Transaction ID : C2522806**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1115.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. W Lanier Nicholson MD**

Mailing Address 563 Oak Ridge Dr

City

Hiawasse

State

GA

Zip Code

30546-2224

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 06 / 2014

Transaction ID : C2524131

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Yvette Oquendo Md Oquendo-Berruz MD**

Mailing Address 7442 Weather Worn Way

City

Columbia

State

MD

Zip Code

21046-1480

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 02 / 2014

Transaction ID : C2522808

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. David E Page MD**

Mailing Address 6204 Vengo Ct

City

Alexandria

State

VA

Zip Code

22312-1242

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

01 / 06 / 2014

Transaction ID : C2524132

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1115.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Charles Ted Paulk MD**

Mailing Address 1502 Colgate Ct

City

Dothan

State

AL

Zip Code

36303-5909

FEC ID number of contributing  
federal political committee.

C

Name of Employer

1st MED of Dothan

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

01 / 15 / 2014

Transaction ID : C2527459

Amount of Each Receipt this Period

370.00

Full Name (Last, First, Middle Initial)

**B. Brian Robert Pentti MD**

Mailing Address 309 Allston St

City

Brighton

State

MA

Zip Code

02135-7692

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

01 / 30 / 2014

Transaction ID : C2632740

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**C. Steven Keith Perkins MD**

Mailing Address Po Box 126

City

Waukon

State

IA

Zip Code

52172-0126

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 15 / 2014

Transaction ID : C2527465

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

920.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Bryan Anthony Picou MD**

Mailing Address 1029 Keyser Ave Ste G

# A

City

Natchitoches

State

LA

Zip Code

71457-6215

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Natchitoches Medical Clinic

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

MM / DD / YYYY  
01 / 02 / 2014

Transaction ID : C2522632

Amount of Each Receipt this Period

370.00

Full Name (Last, First, Middle Initial)

**B. Marguerite B Picou MD**

Mailing Address 1029 Keyser Ave

Ste G

City

Natchitoches

State

LA

Zip Code

71457-6215

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

MM / DD / YYYY  
01 / 02 / 2014

Transaction ID : C2522631

Amount of Each Receipt this Period

370.00

Full Name (Last, First, Middle Initial)

**c. William E Raduege MD**

Mailing Address PO Box 553

City

Woodruff

State

WI

Zip Code

54568-0553

FEC ID number of contributing  
federal political committee.

C

Name of Employer

William E Raduege, MD, SC (Corporation

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
01 / 02 / 2014

Transaction ID : C2522649

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1240.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Stephen D Richards DO**

Mailing Address 404 E Kennedy St

City

Algona

State

IA

Zip Code

50511-3448

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

01 / 06 / 2014

**Transaction ID : C2523718**

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

**B. Sarah L Sams MD**

Mailing Address 2994 Frazell Rd

City

Hilliard

State

OH

Zip Code

43026-9785

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

01 / 29 / 2014

**Transaction ID : C2632197**

Amount of Each Receipt this Period

1200.00

Full Name (Last, First, Middle Initial)

**C. Lisa Marie Sandvig**

Mailing Address 8965 E Florida Ave  
Apt 11-303

City

Denver

State

CO

Zip Code

80247-2822

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 30 / 2014

**Transaction ID : C2635849**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2950.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Niranjan M Selvarajah MD**

Mailing Address 36 Ironwood Road

City

New Hartford

State

NY

Zip Code

13421-1851

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

01 / 30 / 2014

**Transaction ID : C2632792**

Amount of Each Receipt this Period

550.00

Full Name (Last, First, Middle Initial)

**B. Aaron Burl Shives MD**

Mailing Address 350 28th Ave SE

City

Watertown

State

SD

Zip Code

57201-8403

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Brown Clinic

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

01 / 15 / 2014

**Transaction ID : C2527437**

Amount of Each Receipt this Period

370.00

Full Name (Last, First, Middle Initial)

**c. Joseph Douglas Smith MD**

Mailing Address 5722 Gardner Ln

City

Bridgewater

State

VA

Zip Code

22812-3614

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

01 / 15 / 2014

**Transaction ID : C2527447**

Amount of Each Receipt this Period

370.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1290.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Gil Solomon MD**

Mailing Address 24508 Indian Hill Ln

City State Zip Code  
West Hills CA 91307-3832

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Anthem Blue Cross

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 15 / 2014

**Transaction ID : C2527452**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **B. Gregory J Steinmetz MD**

Mailing Address 150 Bluff Ave

City State Zip Code  
Cranston RI 02905-3727

FEC ID number of contributing  
federal political committee.

C

Name of Employer

APCM

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

01 / 15 / 2014

**Transaction ID : C2527435**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

## **C. John F Tabachnick MD**

Mailing Address 714 Hanford Pl

City State Zip Code  
Westfield NJ 07090-4332

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Westfield Family Practice

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

01 / 15 / 2014

**Transaction ID : C2527396**

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1165.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Hugh M Taylor MD**

Mailing Address 15 Railroad Ave

City

South Hamilton

State

MA

Zip Code

01982-2218

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Family Medicine Associates LLC

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

01 / 27 / 2014

**Transaction ID : C2616591**

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. Daniel J Van Durme MD**

Mailing Address 7023 Dardwood Ln

City

Tallahassee

State

FL

Zip Code

32312-3511

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FSU College of Medicine

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

01 / 15 / 2014

**Transaction ID : C2527456**

Amount of Each Receipt this Period

370.00

Full Name (Last, First, Middle Initial)

**C. Daniel A Walters MD**

Mailing Address 2304 E County Road 950 N

City

Seymour

State

IN

Zip Code

47274-8155

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Caring Family Physicians

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

01 / 15 / 2014

**Transaction ID : C2527479**

Amount of Each Receipt this Period

400.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

5770.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Robert J Weber MD**

Mailing Address 1375 Meadowridge Rd

City State Zip Code  
 Watsonville CA 95076-0356

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 01 / 30 / 2014

**Transaction ID : C2632783**

Amount of Each Receipt this Period

370.00

Full Name (Last, First, Middle Initial)

**B. Richard Andre Wherry MD**

Mailing Address 59 Tipton Dr

City State Zip Code  
 Dahlonega GA 30533-1603

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Chestatee Regional Hospital

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 01 / 05 / 2014

**Transaction ID : C2523120**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Christopher Nathan White MD**

Mailing Address 888 S Hill Rd

City State Zip Code  
 Ventura CA 93003-8400

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 01 / 30 / 2014

**Transaction ID : C2632791**

Amount of Each Receipt this Period

400.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1020.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Jason Wickersham MD**

Mailing Address 401 W Glynn Dr

City

Parkston

State

SD

Zip Code

57366-9605

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Avera St Benedict

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

01 / 02 / 2014

Transaction ID : C2522454

Amount of Each Receipt this Period

370.00

Full Name (Last, First, Middle Initial)

**B. Patricia R Witte MD**

Mailing Address 1022 Midland St

City

Madison

State

WI

Zip Code

53715-1922

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Group Health Cooperative

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 27 / 2014

Transaction ID : C2622701

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. J Mack Worthington MD**

Mailing Address 1100 E 3rd St

City

Chattanooga

State

TN

Zip Code

37403-2241

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 06 / 2014

Transaction ID : C2524118

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1620.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. David P Wright MD**

Mailing Address 1313 Red River St Ste 100

City State Zip Code  
Austin TX 78701-1923

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Seton Hospital

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 02 2014

Transaction ID : C2522652

Amount of Each Receipt this Period

370.00

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

370.00

46606.66

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	--	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. American Academy of Family Physicians**

Mailing Address 11400 Tomahawk Creek Pkwy

City

Leawood

State

KS

Zip Code

66211-2672

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

524.15

Date of Receipt

01 / 15 / 2014

Transaction ID : C2526921

Amount of Each Receipt this Period

524.15

Full Name (Last, First, Middle Initial)

## **B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

## **C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

524.15

524.15



**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
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(check only one)

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address PO Box 53852

City State Zip Code  
Phoenix AZ 85072-3852
Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
01 02 2014

Transaction ID : D151376

Amount of Each Disbursement this Period

11.86

Full Name (Last, First, Middle Initial)

**B. American Express**

Mailing Address PO Box 53852

City State Zip Code  
Phoenix AZ 85072-3852
Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
01 03 2014

Transaction ID : D151377

Amount of Each Disbursement this Period

3.25

Full Name (Last, First, Middle Initial)

**C. American Express**

Mailing Address PO Box 53852

City State Zip Code  
Phoenix AZ 85072-3852
Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
01 06 2014

Transaction ID : D151378

Amount of Each Disbursement this Period

84.50

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

99.61

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

## **A. American Express**

Mailing Address PO Box 53852

City State Zip Code  
 Phoenix AZ 85072-3852

Purpose of Disbursement  
 Bank card processing fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y  
 01 / 06 / 2014

Transaction ID : D151379

Amount of Each Disbursement this Period

4.88

Full Name (Last, First, Middle Initial)

## **B. American Express**

Mailing Address PO Box 53852

City State Zip Code  
 Phoenix AZ 85072-3852

Purpose of Disbursement  
 Bank card processing fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y  
 01 / 13 / 2014

Transaction ID : D153423

Amount of Each Disbursement this Period

2.98

Full Name (Last, First, Middle Initial)

## **C. American Express**

Mailing Address PO Box 53852

City State Zip Code  
 Phoenix AZ 85072-3852

Purpose of Disbursement  
 Bank card processing fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y  
 01 / 27 / 2014

Transaction ID : D153424

Amount of Each Disbursement this Period

1.37

**SUBTOTAL** of Disbursements This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

9.23

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

American Academy of Family Physicians Political Action Committee



Three 7-segment displays are shown, each with a label above it. The first display shows '01', the second shows '28', and the third shows '2014'. Each display has a label above it: 'M M' for the first, 'D D' for the second, and 'Y Y Y Y' for the third. The displays are connected to a common ground.

Category/  
Type

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

16.25

Category/  
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

147.84

MM / DD / YYYY

Category/  
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

7.95

172.04

\_\_\_\_\_



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 37 OF 38

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Democratic Congressional Campaign Committee**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		27		2014

Mailing Address 430 S Capitol St SE  
FI 2

City Washington State DC Zip Code 20003-4024

Purpose of Disbursement  
Campaign contribution

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID : D151775**

Amount of Each Disbursement this Period

15000.00

Full Name (Last, First, Middle Initial)

**B. National Republican Congressional Committee**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		27		2014

Mailing Address 320 1st St SE

City Washington State DC Zip Code 20003-1838

Purpose of Disbursement  
Campaign contribution

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID : D153515**

Amount of Each Disbursement this Period

15000.00

Full Name (Last, First, Middle Initial)

**C. COMMITTEE TO ELECT MICHELLE LUJAN GRISHAM**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		27		2014

Mailing Address 2015 DIETZ PL NW

City ALBUQUERQUE State NM Zip Code 87107

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Rep. Michelle Lujan Lujan Grisham**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014 ☒ Primary ☐ General  
☐ Other (specify) ▼

State: NM District: 01

**Transaction ID : D151773**

Amount of Each Disbursement this Period

2500.00

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

32500.00

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

American Academy of Family Physicians Political Action Committee

### A. FRIENDS OF MARK WARNER

MM / DD / YYYY  
01 / 27 / 2014

Sen. Mark Warner

Office Sought:	<input type="checkbox"/>	House
	<input checked="" type="checkbox"/>	Senate
	<input type="checkbox"/>	President
State: VA	District: 00	

Disbursement For: 2014

☒ Primary ☐ General

☐ Other (specify) ▼

Category/  
Type

Amount of Each Disbursement this Period

2500.00

Date of Disbursement

### Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President
State:	District:	

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Category/  
Type

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement	
1	2
3	4
5	6
7	8
9	10
11	12
13	14
15	16
17	18
19	20
21	22
23	24
25	26
27	28
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43	44
45	46
47	48
49	50
51	52
53	54
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59	60
61	62
63	64
65	66
67	68
69	70
71	72
73	74
75	76
77	78
79	80
81	82
83	84
85	86
87	88
89	90
91	92
93	94
95	96
97	98
99	100

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President
State:	District:	

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Category/  
Type

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

2500.00

35000.00